

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/722851 |
| | Filing Date | 11/26/2003 |
| | First Named Inventor | Raghav Raman |
| | Art Unit | 2624 |
| | Examiner Name | Bitar, Nancy |
| Total Number of Pages in This Submission | Attorney Docket Number | S02-270/US |

ENCLOSURES (Check all that apply)

| | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawings | <input type="checkbox"/> After Allowance Comm. to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related papers | <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other (Specified below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Doc(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | Other: Issue Fee _____ _____ _____ | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|---------------------|--------|
| FIRM NAME | LUMEN INTELLECTUAL PROPERTY SERVICES, Inc. | | |
| SIGNATURE | | | |
| PRINTED NAME | Ron Jacobs | | |
| DATE | 4/4/07 | REGISTRATION NUMBER | 50,142 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

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| PRINTED NAME | Abigail Capulong |
| DATE | 4/4/07 |

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
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ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS

30869 7590 3/25/2007

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.
2345 YALE STREET, 2ND FLOOR
PALO ALTO, CA 94306

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| Abigail Capulong | (Depositor's name) |
| | (Signature) |
| 4/4/07 | (Date) |

| | | | | |
|--|-------------|----------------------|------------|------------------|
| Application No. | Filing Date | First Named Inventor | Docket No. | Confirmation No. |
| 10/722851 | 11/26/2003 | Raghav Raman | S02-270/US | 8590 |
| Title: QUANTIFICATION OF AORTOILIAC ENDOLUMINAL IRREGULARITY | | | | |

| | | | | | | |
|----------------|--------------|---------------|----------------|---------------|---------------|-----------|
| Appl. Type | Small Entity | Issue Fee Due | Pub. Fee Due | Prev. Paid IF | Total Fee Due | Date Due |
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 6/25/2007 |
| Examiner | | Art Unit | Class-SubClass | | | |
| Bitar, Nancy | | 2624 | 382-128000 | | | |

| | |
|--|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363): <input type="checkbox"/> Change of correspondence address attached. <input type="checkbox"/> "Fee address" indication attached. | 2. For printing on the patent front page list firm name: LUMEN INTELLECTUAL PROPERTY SERVICES, INC. |
|--|--|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.
Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

| | |
|---|---|
| (A) NAME OF ASSIGNEE 1. The Board of Trustees of the Leland Stanford Junior University | (B) RESIDENCE (City and State or Country) 1. Palo Alto, CA |
|---|---|

Please check the appropriate assignee category/categories: ☐ Individual ☒ Corporation or Private Group Entity ☐ Government

| | |
|---|---|
| 4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee <input type="checkbox"/> Advance Order - # of Copies _____ | 4b. Payment of fee(s): <input type="checkbox"/> Check is enclosed <input checked="" type="checkbox"/> Payment by credit card (form is attached) <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. _____ (enclose extra copy) |
|---|---|

5. Change in entity status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status ☐ b. Applicant is no longer claiming SMALL ENTITY status

| | | | |
|--|------------|---------------------|--------|
| SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT | | | |
| SIGNATURE | | DATE | 4/4/07 |
| PRINTED NAME | Ron Jacobs | REGISTRATION NUMBER | 50,142 |